

FILED DEC 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **43324**
Registrar's No. **52**

BIRTH NO. _____		REG. DIST. NO. 338		PRIMARY REG. DIST. NO. 4506		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before admission) a. STATE Missouri b. COUNTY Stoddard			
b. CITY OR TOWN Essex		c. LENGTH OF STAY (In this place) 47 yr.		c. CITY OR TOWN Essex			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) John		b. (Middle) Hutson		c. (Last) Causey	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		4. DATE OF DEATH (Month) (Day) (Year) Dec 5 1950	
8. DATE OF BIRTH Sept. 1, 1869		9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired)		11. BIRTHPLACE (State or foreign country) Posey Co. Ind.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Farming		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Elijah Causey		13b. MOTHER'S MAIDEN NAME Martha Bruce		14. NAME OF HUSBAND OR WIFE Luella Causey			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs. Luella Causey ADDRESS Essex, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pericardial Anemia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Trifacial Neuralgia				INTERVAL BETWEEN ONSET AND DEATH 3900	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan , 19 50 , to Dec , 19 50 , that I last saw the deceased alive on Dec 3 , 19 50 , and that death occurred at 10 P.m. , from the causes and on the date stated above.							
23a. SIGNATURE H. J. Hux (Degree or title) M.D.		23b. ADDRESS Essex Mo		23c. DATE SIGNED 12/10/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-7-50		24c. NAME OF CEMETERY OR CREMATORY Essex, cemetery		24d. LOCATION (City, town, or county) (State) Essex, Missouri	
DATE REC'D BY LOCAL REG. Dec 15-1950		REGISTRAR'S SIGNATURE Rose Weber		25. FUNERAL DIRECTOR'S SIGNATURE Watkins Funeral Ser. ADDRESS Dexter, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

DEC 18 1950

DISTRICT HEALTH OFFICE No. 6

File No.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....
working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed.....

Raymond L. Duffie

Licensed Embalmer No. *4798*

P. O. Address *Dexter, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.